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Status of Venereal Disease Control in California

A. FRANK BREWER, M.D., Chief, Venereal Disease Service, California State Department of Public Health

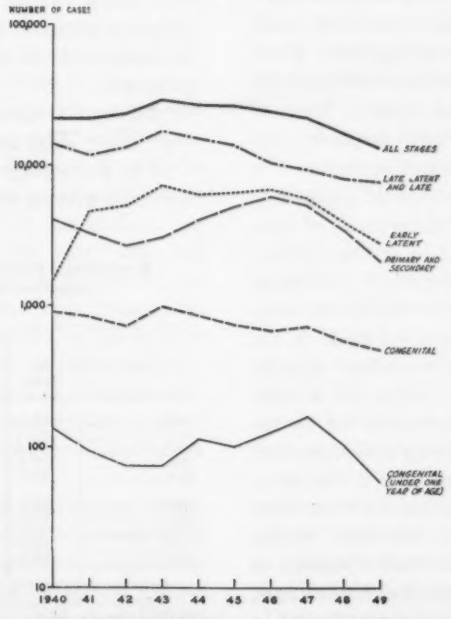
With remobilization already under way throughout the Nation, California can again expect an expansion in its civilian manpower force and a big increase in military personnel. As history has shown before, the problems of venereal disease control also increase during such times of national stress. It is therefore appropriate, in this review of the venereal diseases in California during recent years, to strike a note of concern for the years ahead if these diseases are to be effectively reduced.

Now is the time, as never before, to place renewed emphasis on venereal disease control programs. Disinterest in pursuing adequate control measures, or false complacency in the belief that modern drugs and shortened treatment periods are the answers to our venereal disease control problems would be a major blow to progress made to the present time. Casefinding programs need to be strengthened, rather than allowed to decline, as casefinding is still the key to effective control.

The trend of reported syphilis in the California civilian population has been downward from a rate of 349.1 per 100,000 population in 1938 * to 125.4 for the year 1949. This decline has been particularly sharp since 1945. This probably represents a true decline in the number of existing cases of syphilis of all stages in the general population, since our control program has remained fairly well stabilized. In actual numbers of cases, however, this is a decline from 23,205 reported cases in 1938 to 13,210 in 1949, a drop of nearly 10,000 cases.

For gonorrhea the trend has also been downward during this period—from 245.5 cases per 100,000 population in 1938 to 209.2 in 1949. However, the actual number of cases of gonorrhea for these two years showed an increase from 16,318 in 1938 to 22,027 in 1949. Thus, when the number of cases of syphilis and gonorrhea are added together, we find that the decrease in combined cases is only 4,286 in 1949 over 1938. This is shown in Table I.

CIVILIAN CASES OF SYPHILIS REPORTED
CALIFORNIA, 1940-1949



SOURCE: STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, MORBIDITY RECORDS

In planning a program of control the significant figure is not the rate but the actual number of cases occurring within a given area or health jurisdiction. Hence, in numbers of cases our problem is still a very large one.

The best measure of the problem is the number of new cases occurring over a period of time, which tells the story of the potential spread of the disease. From this viewpoint syphilis in California shows, in the following graph, the trend by stages since 1940 when these figures first became available.

The graph indicates a marked decline in the number of cases of late latent and late syphilis reported. Early latent syphilis

* The period of review begins with 1938, as revised morbidity cards, which make subsequent data comparable, were not introduced until late in 1937.

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Table I

Civilian Cases and Case Rates for Primary and Secondary Syphilis, Total Syphilis and Gonorrhea Reported California, 1938-1949

Year	Population (estimated as of July 1)	Primary and secondary syphilis		Total Syphilis		Gonorrhea	
		Number	Rate [1]	Number	Rate [1]	Number	Rate [1]
1938	6,646,238	NA	NA	23,205	349.1	16,318	245.5
1939	6,780,864	NA	NA	22,727	335.2	16,541	243.9
1940	6,858,039	4,106	59.9	21,733	316.9	19,433	283.4
1941	7,053,959	3,284	46.6	21,711	307.8	16,098	228.2
1942	7,266,947	2,689	37.0	23,225	319.6	12,408	170.7
1943	7,582,435	3,091	40.8	29,346	387.0	14,632	193.0
1944	7,965,087	4,108	51.6	26,961	338.5	20,365	255.7
1945	8,120,105	5,095	62.7	26,834	330.5	27,668	340.7
1946	9,342,036	6,007	64.3	24,221	259.3	33,364	357.1
1947	9,688,000	5,207	53.7	21,766	224.7	32,396	334.4
1948	10,217,000	3,508	34.3	16,900	165.4	26,767	262.0
1949	10,531,000	2,117	20.1	13,210	125.4	22,027	209.2

NA—Not available.
[1] Per 100,000 estimated civilian population.
NOTE: The 1940 population is the civilian population enumerated April 1, 1940.
SOURCE: For population:
U. S. Bureau of the Census, "Vital Statistics Rates in the United States, 1900-1940," Table 1, p. 857.
Ibid., "Population—Special Reports," Series P-46, No. 3 (February 12, 1946), Table 4, p. 5.
Ibid., Series P-25, No. 2 (August 15, 1947), Table 1, p. 3.
Ibid., No. 12 (August 9, 1948), Table 1, p. 5.
Ibid., No. 26 (August 5, 1949), Table 1, p. 3.
Ibid., No. 32 (November 4, 1949), p. 2.
For cases:
State of California, Department of Public Health, Morbidity Records.

showed an upward trend until 1943, then leveled off until 1946, when a precipitate downward trend began. When the trend of early latent syphilis is compared with the trend of congenital syphilis under one year of age, they seem to be similar. This peculiar behavior might be accounted for by the great migration into California of industrial and agricultural workers of young adult age groups. These workers were of fairly low socio-economic status and were preponderantly from the deep south where there is a higher incidence of syphilis. These workers added to our backlog of undiscovered syphilis, including late-discovered congenital syphilis. Many of these cases remained undiscovered until found by premarital, prenatal and general blood testing surveys.

Table II gives a picture of congenital syphilis.

Note that between 1945-1949, 42 percent of congenital syphilis cases were reported in the age groups 20 years and over. With the population stabilizing somewhat at the end of the war, the decline in early latent syphilis is even more pronounced than in the late and latent group. Primary and secondary syphilis behaved in a very similar fashion, except for a more precipitate rise and fall possibly accounted for by migration. As many as 12 cases of primary and secondary syphilis were reported in one month from one shipyard pre-employment examining station. All these cases were among newly arrived workers detrained within one week's time. This was not an isolated situation as five different counties reported similar experiences, with cases ranging from 56 to 153 over a year's time in 1943-44.

Table II

Civilian Cases of Congenital Syphilis Reported and Percentage Distribution by Age California, 1945-1949

Year	Total all ages	Under 1 year	1-9	10-19	20 and over	Age not stated
Cases						
1945	728	100	111	240	277	----------
1946	668	128	135	194	210	1
1947	710	163	112	214	220	1
1948	568	105	112	168	180	3
1949	488	[a]56	79	148	203	2
Percentage distribution						
1945	100.0	13.7	15.2	33.0	38.1	----------
1946	100.0	19.1	20.2	29.1	31.4	0.2
1947	100.0	22.9	15.8	30.1	31.0	0.2
1948	100.0	18.4	19.8	29.5	31.7	0.6
1949	100.0	11.4	16.2	30.3	41.6	0.5

[a] Twenty-six additional cases were reported but deducted as not syphilis after follow-up study by A. Frank Brewer, M.D., Chief, Venereal Disease Service.
SOURCE: State of California, Department of Public Health, Morbidity Records.

At the present time, then, the trend for all stages of syphilis are very similar with congenital syphilis under one year of age and primary and secondary syphilis showing approximately the same rate of decline, followed by early latent syphilis and late and late latent syphilis in order. This is a very hopeful picture and somewhat different from the national picture presented by Wright and Sheps [1] recently. The rate of decrease in California appears to be more rapid, and may be affected by the erratic population changes which occurred in this State during and following the war years. Even with an increase of approximately 58 percent in the populations estimated between 1938 and 1949, these increases and age group shifts during the war years cannot be expressed accurately by any known population figure. But it also shows the problem in numbers to be as great as in the beginning of our program.

Table III shows the percentage distribution of syphilis by stage and type of infection.

The percentage distribution by stage and type of infection gives a picture of our failures. The distribu-

Table III

Percentage Distribution [1] of Civilian Cases of Syphilis Reported by Stage and Type of Infection California, 1940-1949

Year	All stages	Primary and secondary	Early latent	Late latent and late	Congenital	Stage not stated
1940	100.0	18.9	6.7	65.3	4.2	4.9
1941	100.0	16.6	21.1	53.2	3.7	5.4
1942	100.0	11.5	22.2	58.7	3.1	4.5
1943	100.0	10.5	24.4	59.3	3.4	2.4
1944	100.0	15.2	23.3	56.8	3.1	1.6
1945	100.0	18.9	24.4	51.6	2.7	2.4
1946	100.0	24.8	27.9	42.6	2.8	1.9
1947	100.0	23.9	27.1	43.3	3.3	2.4
1948	100.0	20.7	23.7	48.3	3.3	4.0
1949	100.0	16.0	20.8	58.3	3.7	1.3

[1] Percent of total cases of syphilis reported for year.
NOTE: Percentage distribution of syphilis during the war years, 1942-1945, is distorted due to the shift of individuals from the civilian population to military service.
SOURCE: State of California, Department of Public Health, Morbidity Records.

tion of primary and secondary syphilis showed a particularly noticeable drop from 1945 to 1949. The drop in early latent syphilis is similar. However, late and late latent syphilis showed an increase in the years from 1945 to 1949.

This is not an encouraging picture as it indicates that we are not finding cases in infectious and potentially infectious stages and are not therefore reducing the volume of community infection. A recent demonstration project in Mississippi [2,3] produced an increase of more than 100 percent over the previous year of open lesion syphilis cases found and brought to treatment. While the Mississippi picture is different than ours, it is evident we are not doing as well as should be expected in finding cases early. This is particularly evident in the past four years. This is an indication to us that penicillin and the antibiotics alone will never do the job; it takes case finding.

Loss of Interest

These figures indicate general slackening of interest in venereal disease control programs in California. There has been a curtailment of programs in several major areas and a reluctance by some new departments to establish diagnostic and treatment centers and to carry on case finding activities—this when we have the experience, the know how and the means to do a complete job. This is a particularly serious trend in view of developing national and world conditions which can be expected to have reflections on our venereal disease problems.

Problem in Case Finding

Case finding is the key to our control program. Contact tracing [4] is most successful in finding infectious syphilis among the females; education is the major influence for the males. Serological surveys are the least productive for both sexes.

If our percentage of late and late latent syphilis is again increasing, with the percentage of early latent and primary and secondary syphilis decreasing, our favorable trends, i.e., the drop in case rates, may not mean a successful program but instead a lack of reporting and interest. Shortly, we may expect congenital syphilis to increase, as well as to find an increasing number of late complications, such as paresis, blindness and heart disease. Our problem is far from solved. Now is the time to evaluate venereal disease control programs and to expend some real effort in doing a total piece of work.

Interviewing techniques are of paramount importance in this program. It is, therefore, encouraging to note that some 36 local health department people have taken advantage of the Interviewing Technique Course at Alto, Georgia, and 30 others have applied. Others should be encouraged to go. Case finding must be continued with increased impetus if we are to be successful in our ongoing battle against venereal diseases.

References

[1] John J. Wright, M.D., M.P.H., F.A.P.H.A., and Cecil G. Sheps, M.D., M.P.H., F.A.P.H.A., School of Public Health, University of North Carolina, Chapel Hill, N. C.; "Role of Case Finding in Syphilis Control Today"; Published in *American Journal of Public Health*, Volume 40, Number 7, July, 1950.

[2] A. L. Gray, M.D., Director, Division of Preventive Disease Control, State Board of Health; Mary Sim Ferguson, R.N., Administrative Assistant, U.S.P.H.S.; Richard S. Hibbetts, Health Program Representative, U.S.P.H.S.; "Delta Plantation Case-Finding Survey in Leflore County, Mississippi"; Published in *Journal of Venereal Disease Information*, April, 1948.

[3] A. L. Gray, M.D.; Albert P. Iskrant, Principal Statistician, U.S.P.H.S., and Richard L. Hibbetts; "Syphilis Contact Investigation in a Rural County in Mississippi"; Published in *Journal of Venereal Disease Information*, June, 1949.

[4] John J. Wright, M.D., M.P.H., F.A.P.H.A., and Cecil G. Sheps, M.D., M.P.H., F.A.P.H.A., School of Public Health, University of North Carolina, Chapel Hill, N. C.; "Reports of North Carolina Syphilis Studies"; *Journal of Venereal Disease Information*, July, 1949.

Public Health Courses Offered by U. C. Extension, L. A.

Public health workers in Southern California are being offered several courses in the 1950 fall curriculum of University of California Extension beginning the week of September 11th. They are announced as follows:

A class entitled *Community Control of Community Diseases* will meet one evening each week for 18 weeks beginning September 13th at 1027 Wilshire Boulevard, Los Angeles. Instructors for this course will be Dr. Harrison Eilers, Supervisor of Public Health in the Long Beach Public Schools, and Dr. Gerald A. Heidbreder, Chief, Division of Venereal Disease Control of the Los Angeles County Health Department.

Medical Problems in Relation to Society is the title of a course to begin Tuesday evening, September 12th, 7 p.m., at 1027 Wilshire Boulevard, under the instruction of Dr. John Beeston, Assistant Professor of Public Health, U. C. L. A. The course will deal with social problems of chronic diseases and their relation to patient and community.

A third course, *Ward Management and Ward Teaching in a Hospital Nursing Unit*, will open September 15th, 6.30 p.m., at 813 South Hill Street, downtown Los Angeles, featuring responsibilities of the junior hospital executive. The class will meet one evening each week for 12 weeks, with Helen Nicholson, orthopedic teaching supervisor for the Veterans Administration Center, in charge.

Information concerning related courses of interest to public health and nursing personnel is available from University of California Extension, Los Angeles 24, or 813 South Hill Street, Los Angeles 14.

U. C. Extension Lists Lab Courses for Fall Term

During the 1950 fall semester the University of California Extension is offering three courses for laboratory technicians in the Los Angeles area as follows:

Refresher Course for Laboratory Technicians will begin September 13th, 7.30 p.m., at 1027 Wilshire Boulevard, Los Angeles, and will meet one evening each week thereafter. This course will feature a series of lectures by various authorities on such topics as hematology, serology, parasitology, protozoology, and bacteriology.

Clinical Chemistry for Laboratory Technicians will be offered on the U. C. L. A. campus each Tuesday evening from 7 to 9.30 p.m. beginning September 19th.

Problems in Serology is a third course to be offered each Wednesday evening from 7 to 9 p.m. starting September 20th in the medical library of Wadsworth Hospital, Los Angeles.

Information, class bulletins and advance enrollments are available from University of California Extension, Los Angeles 24, or 813 South Hill Street, Los Angeles 14. Enrollments may also be made at the opening session of each class.

T. B. X-ray Surveys Scheduled

The Ventura County Department of Public Health has completed plans for an X-ray survey of Oxnard during September. One mobile unit of the State Department of Public Health will assist in the survey.

Meanwhile plans are going forward for a tuberculosis X-ray survey in Contra Costa County beginning about March 1, 1951, under joint cooperation of the Contra Costa Health Department and local voluntary agencies, the State Department of Public Health, and the U. S. Public Health Service.

Alameda and Tulare Counties are also exploring plans for tuberculosis surveys.

San Diego Has Lab Vacancies

The San Diego City and County Health Department has four vacancies open for laboratory technicians, Grades I, II, and III. Two of the vacancies are in the Grade II class. Salary scales for the respective grades are $221-$256, $269-$282, and $282-$311. Dr. J. B. Askew, San Diego, Director of Public Health, is anxious to recruit qualified personnel to the positions as soon as possible.

One hundred thousand children of 10 years of age or less are estimated to have undiscovered congenital syphilis (in the United States).—*Radio News Bulletin of the Federal Security Agency.*

Fly Resistance to New Insecticides Studied by U. C. Entomologists

Because house flies have developed resistance to DDT and other new insecticides, a complete fly control program is more necessary than ever in order to achieve effective control, according to Drs. R. B. March and R. L. Metcalf, entomologists in the University of California experiment station at the Riverside campus. Not only have house flies developed resistance to DDT, but they have also shown resistance to other insecticides such as benzene hexachloride and lindane, which have been substituted for DDT.

The entomoligists advise every possible means of sanitation for control of house flies, especially disposal of manure and other material to which flies are attracted, and in which they breed.

Where DDT-resistance has occurred in flies, insecticides should consist of residual applications of benzene hexachloride and lindane formulations, the entomologists say. If flies are resistant to both DDT and benzene hexachloride, space sprays or aerosols should be applied. These sprays or aerosols should contain 0.1 percent pyrethrins, or the equivalent of pyrethrins and an activator such as piperonyl butoxide. Or they may contain 2.5 percent or an organic thiocyanate such as isobornyl thiocyanoacetate or beta-butoxy-beta'-thiocyano diethyl ether in an odorless petroleum distillate.

Fly repellent materials, such as activated pyrethrum formulations or polypropylene glycols should be applied to livestock as required. Control methods should be supplemented with mechanical and baited fly traps and poisoned attractants. Proper screening is a final means of mechanically excluding flies from restricted areas.

Special Education Consultant

The State Department of Education announces the appointment of Mr. Charles W. Watson as a Consultant in Education of the Deaf and the Visually Handicapped. He has been assigned to the staff of the Bureau of Special Education, Division of Instruction, and will have his headquarters in Sacramento.

During the past four years Mr. Watson has served as principal of the Michigan School for the Deaf at Flint, Michigan. Mr. Watson received a B.A. degree from Illinois College, a B.S. from Washington University, St. Louis, and an M.A. from New York University. He received his preparation as a teacher of the deaf at Central Institute for the Deaf in St. Louis, and has taught deaf children in New Jersey and New York. In addition to his training and experience in the education of the deaf, he has studied in the fields of the blind and the partially seeing.

Radioisotopes Aid Studies of Mosquito Ecology

This report by the Bureau of Vector Control, State Department of Public Health, is an account of one of the newer phases of operational investigations being undertaken by a field study unit of the bureau. Currently the bureau, in cooperation with the Turlock Mosquito Abatement District and the California Mosquito Control Association, is conducting a pilot study near Turlock in which the flight range of the mosquito *Aedes nigromaculis* is being traced by use of "tagged atoms." The mosquito larvae are fed radioactive P-32, or radiophosphorus under controlled conditions, after which the larvae hatch out and the mature mosquito wings away to be later trapped and detected by Geiger counter. Thus, much of the mosquito's flight habits will be revealed and thereby provide information of importance in the control of this species. *Aedes nigromaculis* is a suspected vector of encephalitis.

Activities outlined in this report are but a part of the program known as the Central Valley Mosquito Ecology Study. This project is located in the Turlock Mosquito Abatement District, Stanislaus County, and is under the technical direction of Deed C. Thurman, Jr., S. A. Sanitarian (R) USPHS, on assignment to the Bureau of Vector Control.

The use of radioactive atoms in mosquito investigations is an activity recently developed through the Bureau of Vector Control, California State Department of Public Health, cooperating with the California Mosquito Control Association. Just as these radioisotopes have been used in medical schools and research institutions so the "tagged atoms" will now be used in the health department's battle against pests and diseases.

Radiophosphorus, P-32, has been chosen as the material to use because of the low hazards involved, due to its short half-life and short-range beta rays. Research by Army, Rockefeller Foundation, and U. S. Department of Agriculture scientists have confirmed the facts that mosquitoes fed radiophosphorus during their aquatic stages will develop, successfully emerge, and can be identified using a Geiger counter.

The purpose in "tagging" mosquitoes is simply to determine how far they fly and how many fly different distances. Once tagged, the mosquitoes then begin to reveal much about their life and habits. Given this information, mosquito control agencies are in a much better position to improve and refine their abatement techniques.

To understand the origin of the plan to use radioactive tracers in mosquito investigations, it is necessary to review the development of the Bureau of Vector Control's present program for the investigation of mosquito biology being conducted at Turlock.

Ecological Investigations

From all indications, somewhere in the middle 1930's, an insidious mosquito invader by the name of *Aedes nigromaculis* appears to have encroached on the Central Valley of California to take advantage of a new agricultural crop setting. It was then that irrigated landino clover pastures, today of major importance in the State's vast dairy and beef cattle industry, got off to a thriving start. To keep pace with the growing mosquito problem, by 1940, 30 mosquito control agencies were expending approximately $350,000 to control approximately 6,000 square miles of problem area. Now, 10 years later, 50 agencies are spending over $2,000,000 annually for control of mosquitoes in approximately 20,000 square miles. While not alone responsible for this great increase, *Aedes nigromaculis* is without question a chief reason for the expanded program.

With the close of World War II, DDT supplied a new lease to mosquito control, but the futility of endless chemical treatment with little prospect of diminishing cost, plus the development of what may be "resistance" by mosquitoes to DDT, has given rise to the need for a new objectivity in California mosquito control. Permanent-type measures, such as drainage and levelling, are an integral part of the present and future program, but due to their high cost and gradual nature of accomplishment, other fundamental approaches must be determined and called into action in California as corollaries in mosquito control programs. Based on the often repeated keynote of the late Professor W. B. Herms—"know well the insects (mosquitoes) against which you are contending; none of us knows enough about (their) habits and behavior"—a strong emphasis has been directed toward studies on mosquito ecology. This approach by the Bureau of Vector Control is strongly supported by the local mosquito control agencies in the California Mosquito Control Association.

While measures against mosquitoes in use today are based upon known ecological weaknesses of mosquitoes,

Light trap collections are being examined here by a State Health Department Entomologist using a Geiger counter to determine the presence of "tagged" mosquitoes

there exists the likelihood that through closer study of the individual mosquito species, further points of vulnerability to control can be uncovered. Hence, the minute details of the environment of the mosquito *Aedes nigromaculis* and its behavior are being observed, recorded and analyzed. The extreme variations, as well as the usual conditions, are being noted in an effort to establish the courses open to obtain the maximum degree of control by any particular control approach. Ecology in this case can be translated to mean the facts about mosquitoes utilized for obtaining maximum economy while using the most applicable control method for the stage of the mosquito concerned.

The Need for Flight Range Knowledge

The cost and effectiveness of mosquito control are determined in part by precise knowledge of the flight range of mosquitoes. Since the flight range of *Aedes nigromaculis* is speculated to be between 2 and 20 miles, it is obviously desirable in setting the boundary of any control zone to avoid infiltration of this mosquito from without. To do this the control agency must have accurate flight information and then control to the extent needed. Although this sounds simple, the individual topography, meteorological conditions, food supply available, protective shelter afforded and season of the year, not to mention atypical behavior based upon unexplainable biological urges, all make it difficult to determine the precise range based upon any individual flight study.

The "tagging" experiment using radioisotopes scheduled for the Turlock area, first of its kind to our knowledge to be conducted within the United States, will likely be but the pilot study of many to follow.

The Use of Radiophosphorus

P-32 (radiophosphorus), an isotope which is very easily handled, has been selected for the "tagging" of *Aedes nigromaculis*. With a short half-life and emitting only beta particles, this isotope possesses a minimum health hazard.

Late stage larvae are being gathered, a million strong, from the irrigated pasture under study and placed in the P-32 solution in large containers located in the pasture, for absorption of the "atomic energy." Upon pupation in two or three days, they emerge as adult mosquitoes with enough radiophosphorus to make them detectable throughout their entire adult lives. (This amount has less radiation than the smallest illuminated watch dial.) Males live only about a week while females during the summer may survive several weeks to a month.

Nightly mosquito collections from light traps located strategically within a radius of 10 miles from the release point are serving as fixed sample points. Also, net-sweeping collections and collections of mosquitoes attempting to bite will serve to provide additional specimens for the attempted recovery of those mosquitoes which have been "tagged."

The SU-3A Tracerlab monitor with TGC-2 Geiger tube are being used in the Turlock Field Station for examination of the mosquitoes collected. This instrument is sensitive enough to record the most infinite amount of radioactive material.

Since the study pasture and release point are in the Turlock Mosquito Abatement District, the chances of captured mosquitoes being "tagged" are relatively good, as the remaining territory is under vigorous control.

Outlook

The study of mosquito ecology with its practical dedication, that of analyzing the appropriateness of present mosquito control methods and the search for new and more economical approaches to control, is an essential basic activity to mosquito control in California. The flight range study using atomic energy illustrates the possibilities and the diversities of the mosquito ecologist in his aim to supply biological fact as the basis for performing control operations. Such is the most certain course open to mosquito control economy.

Psychiatric Social Worker Joins State Health Staff

Miss Elizabeth Lewton, a psychiatric social worker, is now mental health consultant working with Dr. Kent Zimmerman, Chief of the Mental Health Service, and Mrs. Bessie Littman, mental health nursing consultant. Miss Lewton claims California as her home, although she missed being a native by six months. She took her A.B. at Stanford University and her M.S.S. at the New York School of Social Work, Columbia University.

Miss Lewton most recently served as Chief Social Worker of the San Mateo Child Guidance and Consultation Service in Burlingame. Prior to that she was Chief Social Worker with the Community Child Guidance Clinic in Portland, Oregon. In the past she had had varied experience with state and county welfare departments, the American Red Cross, and the Veterans Administration.

The new consultant will be available to department staff as well as to local health departments and mental hygiene clinics for consultation on problems of mental health.

Unprecedented Research Project to Study "Current Morbidity"

Because all of us frequently hear or read estimates of the incidence or prevalence of various diseases, few realize that at present no health department nor any other agency has current or reliable information of this kind outside the limited field of acute communicable disease (those which are legally reportable).

The estimates are little more than guesses, and most often they are based on fragmentary and obsolete data. The fact is, the methods by which accurate information could be obtained have not yet been established.

A grant of $43,000 made to this department by the National Institutes of Health will, for the first time in California, make it possible to perform research on the methods by which we might measure the volume and distribution of illness among the general population. The money accepted by the department will finance the first of three years of research in the "Current Morbidity Project" which has now begun.

Before accepting the grant from the National Institutes of Health, the department sought the advice of a committee made up of members designated by the California Medical Association, the Association of California Hospitals, the California Physicians' Service, the University of California School of Public Health, the Conference of Local Health Officers, the State Department of Employment, and the State Department of Industrial Relations. Upon the recommendation and with the assistance and guidance of this advisory committee, the department is undertaking the planning and exploratory phase of the project.

The State Department of Public Health has long felt the need for current and reliable illness data. This need is illustrated in health problems of current interest in the State: e.g., the health of migratory workers; the chronic disease problem; the rheumatic fever problem; the problem of blindness; the problems involved in hospital planning; the effect of air pollution upon health; and the problem of alcoholism. Effective planning in these fields is handicapped by the lack of adequate data on disease prevalence and the lack of an established mechanism for gathering such data. We do not know the number and distribution of cases of diseases of the heart and circulatory system, cancer, diabetes, mental diseases, chronic alcoholism, peptic ulcer and other diseases of the digestive tract, genito-urinary diseases, neuromuscular diseases, and many others. Also unknown is the prevalence of blindness, cerebral palsy, and other severely handicapping conditions.

We do not know the extent or distribution of these diseases and conditions among the people of California because there are no generally acceptable methods for obtaining such information. There is an established system — death certification — for collecting data on causes of death. There is also a system—communicable disease reporting—for collecting data on certain of the communicable diseases. However, no system or method has been established to provide current information on the nonreportable diseases—the diseases which are now the major causes of illness and disability.

These are some of the reasons which led the department to consider the possibilities of a research project aimed at finding and developing methods for measuring illness in the general population. Other factors taken into consideration include the availability in California of a number of valuable sources of illness data—such as the California Disability Insurance Program, the California Physicians' Service, etc.—and the availability of a variety of methods and techniques developed in special studies of specific diseases, groups of diseases, and of the extent of illness in particular population groups. Also, after decades of research, we now have an effective system for the statistical classification of diseases — the "International Statistical Classification of Diseases, Injuries and Causes of Death."

Social Workers Placement Service Offers Job Aid for State

Social workers interested in employment in California have a central source of guidance in the Social Workers Placement Service maintained by the California Department of Employment and actively sponsored by an advisory committee composed of members of the profession. SWPS not only seeks nation-wide recruitment of applicants for this State, but also maintains a state-wide registration of jobs in California. Offices are at 153 Kearny Street, San Francisco 8. Mrs. Nello Shelton is manager of the service.

SWPS has served for nine years as an effective liaison between employers and prospective employees in the field of social work. The service was proposed in 1940 by a voluntary committee of social workers and was organized officially in 1941 by the California State Department of Employment. SWPS regularly supplies information to more than 1,000 employers of social workers in California.

Publications of SWPS which serve to exchange information between applicants and employers include the *Guide to Employment in California for Social Workers,* which since 1947 has been published monthly or semimonthly, cataloging jobs and announcing civil service examinations; *Guide to Personnel for Employers,* a monthly or semimonthly publication issued since December, 1949; and *Labor Market Information,* which gives periodic statistics on applicants and jobs.

Dog Disease Combatted in U. C. Research

Antigens for successful immunization of both dogs and man from some leptospiral infections, formerly believed to be rare but now recognized as a significant public health problem, have been developed in the Hooper Foundation at the University of California Medical Center, San Francisco.

Dr. Karl F. Meyer, director of the foundation and internationally noted epidemiologist, reported the development and also said associated research has shown that infections once contracted can be successfully treated with both streptomycin and aureomycin. The work was done by Dr. Meyer and K. T. Brunner, a researcher at the Hooper Foundation, and was sponsored by the National Canine Research Foundation, Inc., of New York.

The research can result in the saving of the lives of many pets, and help in stamping out the infection in both man and animals. Dog populations are especially vulnerable, the mortality in epidemics running as high as 85 percent of infected animals.

Leptospirosis is caused by spirochete-like organisms, the principle types being leptospira canicola and leptospira icterohaemorrhagiae. The infection causes damage to the kidneys and liver. In dogs the fatality rate is high. In man it goes by the name of Weil's disease; it being a siege of fever, causes jaundice in more than half of the cases, but is not usually fatal.

The organisms can be transmitted from rats through their urine to dogs, and from dog to dog by the same route. It can be transmitted from dogs to man by close contact with an infected dog, including the dog's licking a hand with a scratch on it.

Lab Administrative Offices Move

Administrative offices of the Division of Laboratories, State Department of Public Health, were moved during July from the Life Science Building on the Campus of the University of California (location of the bacteriology and food and drug sections of the state laboratory) to the Farm Credit Building, 2180 Milvia Street, Berkeley. A number of other offices of the state department are also located in the Farm Credit Building.

The move was made to provide much needed space for the laboratory. Rearrangement of laboratory areas used by the State Department of Public Health in the Life Science Building is being effected.

California Morbidity Report—July, 1950

Civilian Cases

Reportable diseases	Week ending 7/8	7/15	7/22	7/29	Total cases July	5-yr. median 1945-1949 July	Total cases Jan.-July
Amebiasis	7	6	12	13	38	16	
Anthrax							
Botulism							
Brucellosis (undulant fever)	3	2	4	2	11	18	
Chancroid	10	1	9	2	22	43	
Chickenpox	262	278	242	166	948	950	
Cholera							
Coccidioidomycosis, disseminated	3			3	6	4	
Conjunctivitis, acute infectious of newborn						3	
Dengue							
Diarrhea of the newborn				3	3	1	
Diphtheria		3			3	51	
Encephalitis, infectious	4		6	15	25	19	
Epilepsy	13	32	28	24	97	153	
Food poisoning	4	32	27	20	83	20	
German measles	32	36	33	31	132	212	
Gonococcus infection	276	275	382	354	1,287	2,134	
Granuloma inguinale			3		3	3	
Hepatitis, infectious	10	10	4	4	28	9	
Influenza, epidemic	4	6	1	2	13	23	
Leprosy						1	
Leptospirosis (Weil's disease)							
Lymphogranuloma venereum	4	2	6	2	14	22	
Malaria	1	2		1	4	6	
Measles	406	392	259	214	1,271	1,595	
Meningitis, meningococcal	6	3	4	2	15	18	
Mumps	323	321	308	276	1,228	1,497	
Pertussis	85	103	118	118	424	400	
Plague							
Pneumonia, infectious	24	27	37	33	121	100	
Poliomyelitis, acute anterior	36	40	54	72	202	198	
Psittacosis				2	2	1	
Rabies, animal	2	2	2	2	8	17	
Rabies, human							
Relapsing fever							
Rheumatic fever, acute	6	3	6	12	27	60	
Rocky Mountain spotted fever	1				1		
Salmonella infections *	4	8	9	7	28	8	
Shigella infections (bacillary dysentery)	11	8	17	10	46	18	
Smallpox							
Streptococcal infections:							
Scarlet fever	38	49	44	26	157	209	
Streptococcal sore throat (and "septic sore throat")	15	13	3	6	37	32	
Syphilis	160	202	247	201	810	1,984	
Tetanus	1		4	2	7	9	
Trachoma		1			1	5	
Trichinosis	1				1		
Tuberculosis:							
Respiratory	125	149	153	181	608	773	
Other forms	9	3	11	6	29	44	
Tularemia							
Typhoid fever	4	2	3	3	12	16	
Typhus fever						1	
Yellow fever							
					7,752		

* All types of Salmonella infections now reportable. Prior to January 1, 1950, only A, B and C types were reportable; hence a five-year median not entirely comparable.

Since 1946, when both marriages and divorces were at the highest level in this country's history, marriages have dropped 31 percent and divorces 37 percent. In 1949 there were 1,585,000 marriages and 386,000 divorces.—*National Office of Vital Statistics.*

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